

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: The Earthlink Foundation Inc.

BUSINESS STREET ADDRESS: 18221 SW 4th ST ZIP 33318

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: None

DESCRIBE TYPE OF BUSINESS: Non-Profit Recreational Foundation

BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Combie SHAFR</u>	<u>Same</u>		<u>954-452-9543</u>
2. _____			

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 00, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Combie SHAFR, Pres.
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>6/29/00</u> Category <u>121.500</u> Fee <u>5 years</u> Rec# _____ New <input checked="" type="checkbox"/> Trans. _____			
License # <u>99-13881</u>	Control # <u>11815</u>	Zoning <u>R-1</u>	
Council approval Required _____ Yes _____ No _____		Zoning Approval _____ Date _____	
Town Council Date _____		Approved _____ Denied _____	
Tabled To _____		Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION